

Chronic Disease Connections

An e-bulletin created for healthcare systems working with patients to control their diabetes and high blood pressure.

Health Promotion is Newsworthy . . .

CDC: Thousands of premature deaths in US are preventable

USA Today (5/2) reports, "There is a huge range in the death rates across American states, driven by public policy, regional habits and socioeconomics, Tom Frieden, the director of the Centers for Disease Control and Prevention, said" yesterday. Research published in Morbidity and Mortality Weekly Report indicates that "the death rate from the five major causes varies at least twofold between the healthiest states – such as Colorado, Utah and Vermont – and the least healthy, most of which are found in the Southeast, Frieden said." The majority of the differences "can be explained by differences in smoking habits, obesity, lack of exercise, poor diet, drug and alcohol abuse and access to medications – all of which can be modified with better habits and policies, Frieden said." In a piece for CNN (5/2), Dr. Frieden writes that "We already know how to" reduce the number of preventable deaths, "now we need to act on what we know."

From age 30 onwards, inactivity has greatest impact on women's lifetime heart disease risk

From the age of 30 onwards, physical inactivity exerts a greater impact on a woman's lifetime risk of developing heart disease than the other well-known risk factors, suggests research. This includes overweight, the findings show, prompting the researchers to suggest that greater effort needs to be made to promote exercise.

The Importance of Health Education

The Virginia Commonwealth University Center on Society and Health, with support from the Robert Wood Johnson Foundation, has released a report, Why Education Matters to Health: Exploring the Causes, and an accompanying video featuring the experience of one community in Richmond, VA. This follows the release earlier this year of Education: It Matters More to Health than Ever Before.

Pre-diabetes and Diabetes News . . .

Diabetes increasing among children

The prevalence of Type 1 diabetes increased 30% among kids ages 19 and under between 2001 and 2009, according to a study (funded by the CDC and NIH, published in the May 7 issue of JAMA. USA Today (5/4) reported, "between 2000 and 2009," according to the study, "type 1 diabetes...climbed 21% from 2000 to 2009, to 1.93 per 1,000 children." Meanwhile, the "prevalence of type 2 diabetes...jumped more than 30% in the same period, to a rate of 0.46 per 1,000 kids." The Modern Healthcare (5/4) "Vital Signs" blog reports, "Increases were found among nearly all racial groups, with the only exception being American Indians, whose rates of Type 1 and Type 2 diabetes remained stable." According to the blog, "Perhaps surprising was the increase in cases of Type 1 diabetes—traditionally thought to be prevalent among only white youth – among black and Hispanic children."

Type 2 Diabetes and Shame

Even some doctors admit they blame the patient when it comes to type 2 diabetes. That prejudice may be adding to a health crisis. Be sure to watch the TEDMED video to find out more.



What's new about Chronic Disease Self-Management

Living a Healthy Life with Chronic Conditions

It is impossible to have a chronic condition without being a self-manager. Self-management is always a decision: a decision to be active or a decision to do nothing, a decision to seek help or a decision to suffer in silence. The Chronic Disease Self-Management Program (CDSMP) workshops guide participants to become active self-managers. Making decisions, taking action, making short-term plans, carrying out action plans, checking the results, making corrections, and rewarding yourself are addressed to increase self-management success. **Which of your patients with diabetes or high blood pressure could benefit from a referral to a CDSMP workshop?**





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Million Hearts® Initiative Update



On April 15, 2014 twenty-six stakeholders from around the state met in Des Moines for a day-long workshop that increased awareness of the national Million Hearts® Initiative; introduced Million Hearts® recommended components and strategies; and highlighted current Million Hearts® activities being conducted in Iowa. A work group of interested individuals will review what was accomplished at the workshop and recommend further activities that will become part of an Iowa Million Hearts® Action Plan to be developed and finalized within the next six months. The Action Plan will direct activities in Iowa that are meant to assist in the accomplishment of the national Million Hearts® goals. Learn more about Million Hearts® at <http://millionhearts.hhs.gov/index.htm>

The latest on the ABCS...



A1c

The National Diabetes Information Clearinghouse (NDIC), a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health (NIH), has recently updated its web page information on **The A1C Test and Diabetes**. This link can be used to print a pdf copy of the A1c information: [Print PDF Version \(555 KB\)*](#).



Aspirin Use



Appropriate Gender Use of Aspirin

Your patients rely on you for accurate, up-to-date preventive health information. This AHRQ fact sheet for clinicians provides information about the use of aspirin to prevent first myocardial infarctions in men and first ischemic strokes in women. You can download the fact sheet, or obtain multiple copies of the fact sheet for your clinic patient exam rooms through Terry Meek—just email terry.meek@idph.iowa.gov and how many copies you would like.

The fact sheet is designed to complement the patient brochures, *Talk With Your Health Care Provider About: Taking Aspirin to Prevent Heart Attacks—for Men* and *Talk With Your Health Care Provider About: Taking Aspirin to Prevent Strokes—for Women*. These brochures can be easily downloaded as patient education materials.



Blood Pressure Control and Management

Novel approach to hypertension care also can address disparities

A systematic approach to hypertension management that meets clinical and community needs holds promise for both bringing blood pressure under control for the general population and reducing prevalent racial disparities around hypertension and heart disease.

Still Too Salty

It has been 44 years since the White House Conference on Food, Nutrition, and Health issued recommendations that highlighted the role of sodium in the development of hypertension, and 4 years since the Institute of Medicine (IOM) released its report on "Strategies to Reduce Sodium Intake in the United States." Estimates of the direct and indirect costs of hypertension alone have been calculated in excess of \$73 billion annually. Despite these findings, no concerted action has been taken—by either the government or the food industry—to reduce sodium content in food, according to Jane E. Henney, former commissioner of the U.S. Food and Drug Administration and chair of the IOM's committee on sodium reduction. Although it is clear that it will take resolve and action by those in authority at the federal level to put choice back in the hands of individuals who select and consume food instead of in the hands of the food industry, Dr. Henney noted the United States still seems to be satisfied with modest voluntary reductions and future commitments by individual companies—which are to be commended, but suffer often from a lack of sustainability. Dr. Henney called for newly introduced Secretary of Health and Human Services Sylvia Mathews Burwell to move forward on this critical public health goal. – The Hill

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Cholesterol Control and Management



USPTF Issues Final Research Plan for Screening for Dyslipidemia and Use of Statins to Improve

Cardiovascular Outcomes in Adults

The U.S. Preventive Services Task Force posted, on 5/1, a final Research Plan on screening for dyslipidemia and the use of statins to improve cardiovascular outcomes in adults. The draft Research Plan for this topic was posted for public comment from February 27 to March 26, 2014. The Task Force reviewed all of the comments that were submitted and took them into consideration as it finalized the Research Plan. To view the final Research Plan, please go to <http://www.uspreventiveservicestaskforce.org/uspstf14/dyslipidadult/dyslipidadultfinalresplan.htm>



Smoking Cessation



Characteristics, Perceived Side Effects and Benefits of Electronic Cigarette Use: A Worldwide Survey of More than 19,000 Consumers

Electronic cigarette (EC) use has grown exponentially over the past few years. The purpose of this survey was to assess the characteristics and experiences of a large sample of EC users and examine the differences between those who partially and completely substituted smoking with EC use.

SAVE THE DATE

**COMING
UP**

Upcoming Training for Healthcare Providers

Register today for the Iowa e-Health Summit - Transform in 2014

Save the date! June 24th & 25th at the West Des Moines Marriott. [Read More About](#) and [Register today for the Iowa e-Health Summit - Transform in 2014](#)

Patient and Practice Perspectives on Strategies for Controlling Blood Pressure, North Carolina, 2010–2012

Upon completion of this CME activity, participants will be able to:

- Distinguish significant variables identified by patients as barriers to better blood pressure control
- Distinguish significant variables identified by healthcare professionals as barriers to better blood pressure control
- Analyze what patients believe that healthcare professionals can do to help them improve their blood pressure control
- Evaluate attitudes of patients and healthcare professionals toward team-based care for hypertension

Place these Health Observations on Your Upcoming Calendar . . . Plan for Awareness Activities at your Clinic !



June 1-7: Community Health Improvement Week

www.communityhlth@aha.org

June 8-14: Vascular Nursing Week www.scnnet.org

June 9-15: Men's Health Week

www.menshealthweek.org

June 12-19: National Nursing Assistants Day

www.cna-network.org

Aphasia Awareness Month www.aphasia.org



Take a breather and enjoy the Fireworks!

Fireworks Safety Month www.preventblindness.org

July 16-19: Nurses in Development Week

www.nnsdo.org

Care Coordination Tool

Reducing Care Fragmentation: A Toolkit for Coordinating Care

Prepared by Group Health's MacColl Institute for Healthcare Innovation, supported by The Commonwealth Fund, April 2011. The toolkit contains practical strategies and clinical resources to help you implement specific practice changes designed to help make care coordination easier.

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New Resources for Healthcare Providers

Using text messages to promote medication adherence

April CDC Science-in-Brief: using text messages to promote medication adherence.

Evolution of “The Guideline Advantage”: Lessons Learned From the Front Lines of Outpatient Performance Measurement

This article contains reviews regarding the work in Federally Qualified Health Centers and how the centers are bringing quality benchmarking to their entities. Read how practices can benchmark their performances against others in the country, which for some may be the first time they can compare their outcomes to other similar practices. Enabling healthcare providers and researchers to leverage the wealth of data now being collected in the outpatient setting for quality improvement and population health management will ultimately improve the health of patients across the country.

Develop your practice’s policies and procedures manual, or improve your current manual

Use the AMA’s *Policies and Procedures for a Successful Medical Practice*. Such a manual can help improve workflow and professionalism.

Recordings of Recent National Forum/ASTHO Hypertension Guidelines Webinars and Slides are Now Available

Unpacking Recent Hypertension Guidelines: Considerations for Health Care and Public Health Practitioners (April 10, 2014)

[Webinar Recording](#)

[Slides \(PDF\)](#)

Blood Pressure Guidelines: Using Science for Integrated Public Health and Clinical Care Systems (April 11, 2014)

[Webinar Recording](#)

[Slides \(PDF\)](#)

EHR Adoption, Implementation and Meaningful Use

How a Rural State Manages to Lead the Way in EHR Adoption

A generally safe assumption in healthcare is that academic and urban clinical settings outpace critical access and rural health centers. So then why in a recent annual report by SK&A did states such as Utah, Wyoming, Iowa, and the Dakotas [rank among the top-five states](#) for EHR adoption? Read more [here](#).

Improve EHRs before expanding meaningful use, AMA tells ONC (Office of the National Coordinator)

The meaningful use program and electronic health record (EHR) certification process must be “substantially overhauled,” including adding more flexibility, introducing a comprehensive EHR testing process, and refocusing attention on interoperability, the AMA last month told National Coordinator for Health Information Technology Karen B. DeSalvo, MD, in a letter. [Read more in AMA Wire](#).

CMS reminds physicians about deadline for MU hardship exception

[Medscape](#) (5/9) reports that CMS “is reminding physicians who did not attest to meaningful use (MU) of electronic health records (EHR) in 2013 that they have until July 1 of this year to apply for a hardship exception so they can avoid a financial penalty in 2015.” Medscape adds, “Physicians who attested in previous years but don’t attest to MU stage 2 this year have until July 1, 2015, to apply for a hardship exception to sidestep a penalty in 2016.” Robert Wah, MD, president-elect of the American Medical Association, said he “doesn’t know how ready most physicians are for stage 2.” [Link to CMS Fact Sheet](#).



The Iowa Department of Public Health -- Health Promotion and Chronic Disease Control Partnership



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